

FEE TRANSMITTAL

For FY 2009

Complete if Known

Application Number 10/516,387
Filing Date 8/9/2005
First Named Inventor Robin John Batterham
Examiner Name Weiping Zhu
Art Unit 1793
Attorney Docket 4623 - 045790

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 180)

METHOD OF PAYMENT (check all that apply)

☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 23-0650 Deposit Account Name: _____

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | |
| Utility | 330 | 82 | 540 | 270 | 220 | 110 | _____ |
| Design | 220 | 110 | 100 | 50 | 140 | 70 | _____ |
| Plant | 220 | 110 | 330 | 165 | 170 | 85 | _____ |
| Reissue | 330 | 165 | 540 | 270 | 650 | 325 | _____ |
| Provisional | 220 | 110 | 0 | 0 | 0 | 0 | _____ |

2. EXCESS CLAIM FEES

| Fee Description | Small Entity | |
|---|-----------------------|--------------------------------------|
| | Fee (\$) | Fee (\$) |
| Each claim over 20 (including Reissues) | 52 | 26 |
| Each independent claim over 3 (including Reissues) | 220 | 110 |
| Multiple dependent claims | 390 | 195 |
| Total Claims - 20 or HP | Extra Claims | Fee (\$) |
| _____ - _____ = _____ | _____ x _____ = _____ | Fee Paid (\$) |
| HP = highest number of total claims paid for, if greater than 20. | | Multiple Dependent Claims |
| | | Fee (\$) Fee Paid (\$) |
| | | _____ |

| | | | |
|--|-----------------------|-----------------|----------------------|
| Indep. Claims - 3 or HP | Extra Claims | Fee (\$) | Fee Paid (\$) |
| _____ - _____ = _____ | _____ x _____ = _____ | | |
| HP = highest number of independent claims paid for, if greater than 3. | | | |

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

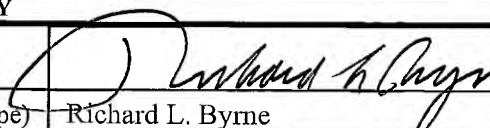
| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
|---------------------|--------------|--|----------|---------------|
| _____ - 100 = _____ | / 50 = _____ | (round up to a whole number) x _____ | | |

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Submission of Supplemental IDS after mailing of 1st Office Action \$180

SUBMITTED BY

Signature  Registration No. 28,498 Telephone 412-471-8815
Name (Print/Type) Richard L. Byrne Date November 3, 2009